PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10735490

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20			, ·	۱ ا	RATE	FEE	ם ר	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	+	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10			X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			2 minus 3 =					X43=		OR	X86=	-	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1	OR	TOTAL	950	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	·	
							L	TOTAL		OR	TOTAL		
		(Column 1)				(Column 2) (Column 3)				OR	ADDIT. FEE		
_		(Column 1)		HIGHE		(Column 3)	1 -		ADDI	1 1		400)	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=.		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	1.15					
							L	+145= TOTAL		OR	+290=		
										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	十	X43=		OR	X86=		
<u>`</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.													
**	f the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	AD	TOTAL DIT. FEE	·	OR ,	TOTAL ODIT: FEE		
If the *Highest Number Previously Paid For IN THIS SPACE is less than 20, enter *20." *If the *Highest Number Previously Paid For IN THIS SPACE is less than 3, enter *3.* The *Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.												i	